MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING DATE		
FEE CALCULATION SHEET								10/565 2/2 APPLICANT(S)						
(FOR USE WITH FORM PTO-875)  APPLICANT(S)														
CLAIMS														
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CLATHES	29		·				TOTAL CLAIMS							
PTO-1340	(REV. 11/04)								U.S. DEPART					